

Current and Future Capital Outlay Requirements
Department of Mental Health, Mental Retardation, and
Substance Abuse Services

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Presentation to the Capital Outlay and Health and Human
Resources Subcommittees of the House Appropriations
Committee

January 24, 2005

Purpose of Presentation

- To describe:
 - The ongoing planning efforts to restructure Virginia's public delivery system for mental health, mental retardation and substance abuse services and determine the future size and role of state facilities.
 - The current status/condition of state facilities.
 - Immediate and future capital outlay requirements.

Introduction

- The Department does not contemplate the closure of any state facilities for the foreseeable future
- A planning process is underway to determine the most appropriate role and size of state facilities in the future
- Most current state facilities were constructed for a larger population and in a different era
- Sufficient capital funding has not been available to maintain and/or improve buildings to the extent necessary
- DMHMRSAS must implement a system-wide capital improvement program of facility improvement, renovation, and selective replacement

Key Issues Determining Future Size and Role of Facilities

- Success of regional partnership planning in leading to system restructuring
- Enhanced community utilization management
- Population growth
- Availability of private psychiatric beds
- Future development and expansion of community services
- Potential of Public/Private partnerships

Restructuring and Regional Partnership Planning

- Historically, plans to significantly restructure, downsize, or close state facilities have failed
- In 2002, in recognition of previous failures, DMHMRSAS initiated a grassroots “regional partnership planning” process to develop plans for restructuring the services system
- Regional partnership planning is a multi-year process to fundamentally change how services in Virginia are delivered, with the long-term goal of moving the system toward community-based care.

Restructuring and Regional Partnership Planning

- Seven regional partnership planning teams (surrounding each of our mental health facilities) have been working over the last two years to develop plans to restructure the services system
- To date, these teams have developed and implemented exciting systemic and programmatic enhancements at the regional level
- In addition, five workgroups addressing the needs of special populations, including persons with mental retardation, were established

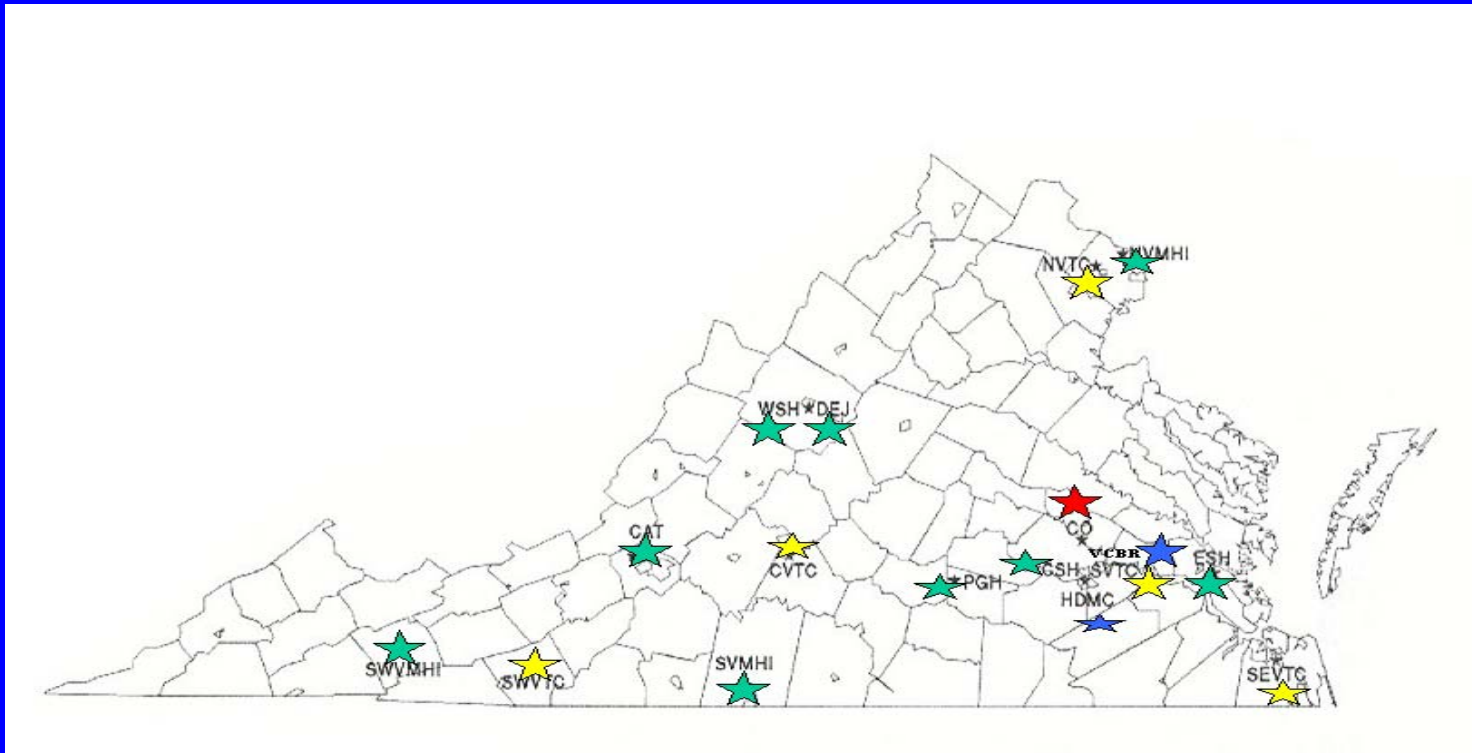
Restructuring and Regional Partnership Planning

- The next step in this process is for regions to identify the needs for facility beds and related community services in their regions
- In addition, a statewide taskforce will be established to coordinate the work of the regions and determine facility planning statewide

State Facilities

16 Facilities in 12 geographic locations

- 6.5 million square feet – 5.7 million occupied
- 408 buildings – 50 Vacant



Mental Health Facilities

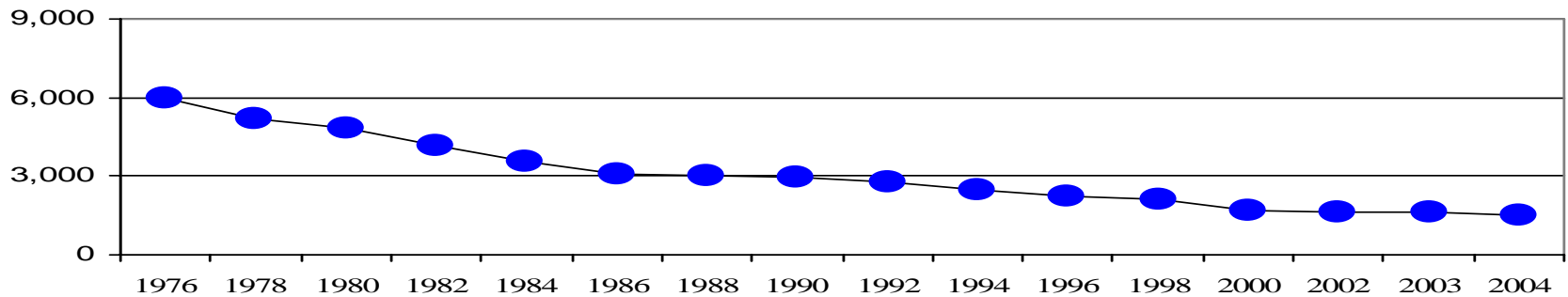
Facility	Location	Number of Buildings	Number of Operational Beds
Central State	Dinwiddie	19	280
Western State	Staunton	24	254
Eastern State	Williamsburg	29	542
Southwestern MHI	Marion	35	176
Northern MHI	Falls Church	4	127
Southern MHI	Danville	4	96
Catawba	Catawba	28	110
Piedmont Geriatric	Nottaway	34	135
Commonwealth Center for Children	Staunton	1	48
Hiram Davis Medical Center	Dinwiddie	1	74
Virginia Center for Behavioral Rehabilitation	Dinwiddie	2	36
2/18/2005 Totals		181	1834

Mental Retardation Training Centers

Facility	Location	Number of Buildings	Number of Operational Beds
Central Virginia Training Center	Lynchburg	97	617
Northern Virginia Training Center	Fairfax	11	200
Southside Virginia Training Center	Dinwiddie	66	415
Southeastern Virginia Training Center	Chesapeake	31	200
Southwestern Virginia Training Center	Hillsville	22	223
Totals		227	1655

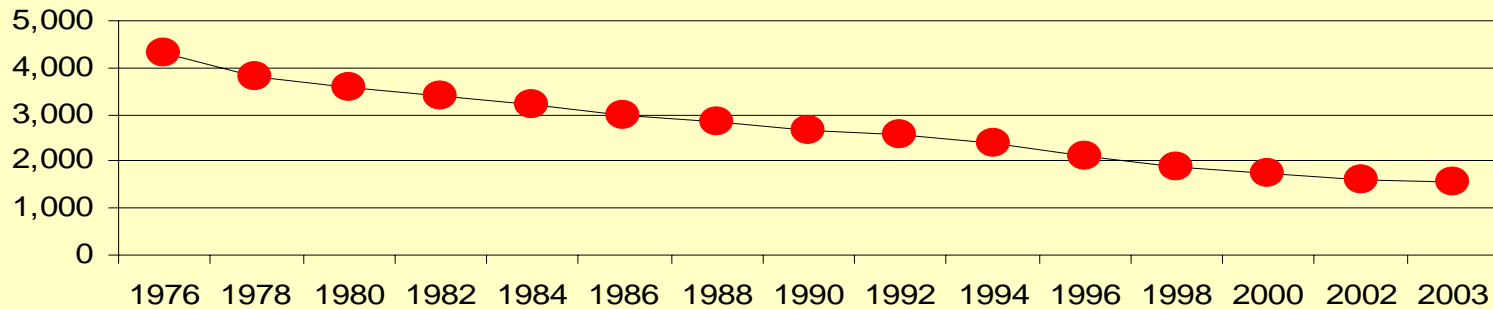
Average Daily Census: Mental Health Facilities

1976 to 2004



- 1976 – Average daily census of 5,967
- 2004 – Average daily census of 1,528

Average Daily Census – Mental Retardation Facilities 1986 to 2003



- 1976 – Average daily census 4,293
- 2003 – Average daily census 1,581

Current Status and Condition of Facilities

- Old buildings
- Large campuses
- Vacant buildings
- Deferred maintenance and improvements
- Some buildings inappropriate for current consumer needs and services
- Some buildings do not meet current building codes and are at-risk for de-certification
- Temporary facility for sexually violent predators will not meet future demands

Old Buildings

- Average age of all buildings, system-wide:
49 years
- Median age of all buildings, system-wide:
55 years

Oldest Building in Use by Consumers



- Building 28 at CVTC was constructed in 1914
- Used daily for client workshop program

Large Campuses

- 9 out of 16 facilities have 20 or more buildings
- Central Virginia Training Center has a total of 97 buildings

Western State Hospital

Staunton, Virginia



Eastern State Hospital

Williamsburg, Virginia



Southeastern Virginia Training Center

Chesapeake, Virginia



Central Virginia Training Center

Lynchburg, Virginia



Vacant Buildings

- 50 Vacant Buildings
 - Central Virginia Training Center – 15
 - Piedmont Geriatric Hospital - 6
 - Central State Hospital – 6
 - Southern Virginia Training Center – 6
 - Western State Hospital – 5
 - Eastern State Hospital – 5
 - Southwestern VA. MHI – 3
 - Catawba Hospital – 4

Vacant buildings present risks to Clients and the Commonwealth



Building 7/8 at Central State Hospital
Petersburg, Virginia

Vacant Buildings, continued. . .



Building 11 at SVTC
Petersburg, Virginia



Building 27 at PGH
Burkeville, Virginia

Deferred Maintenance and Improvements

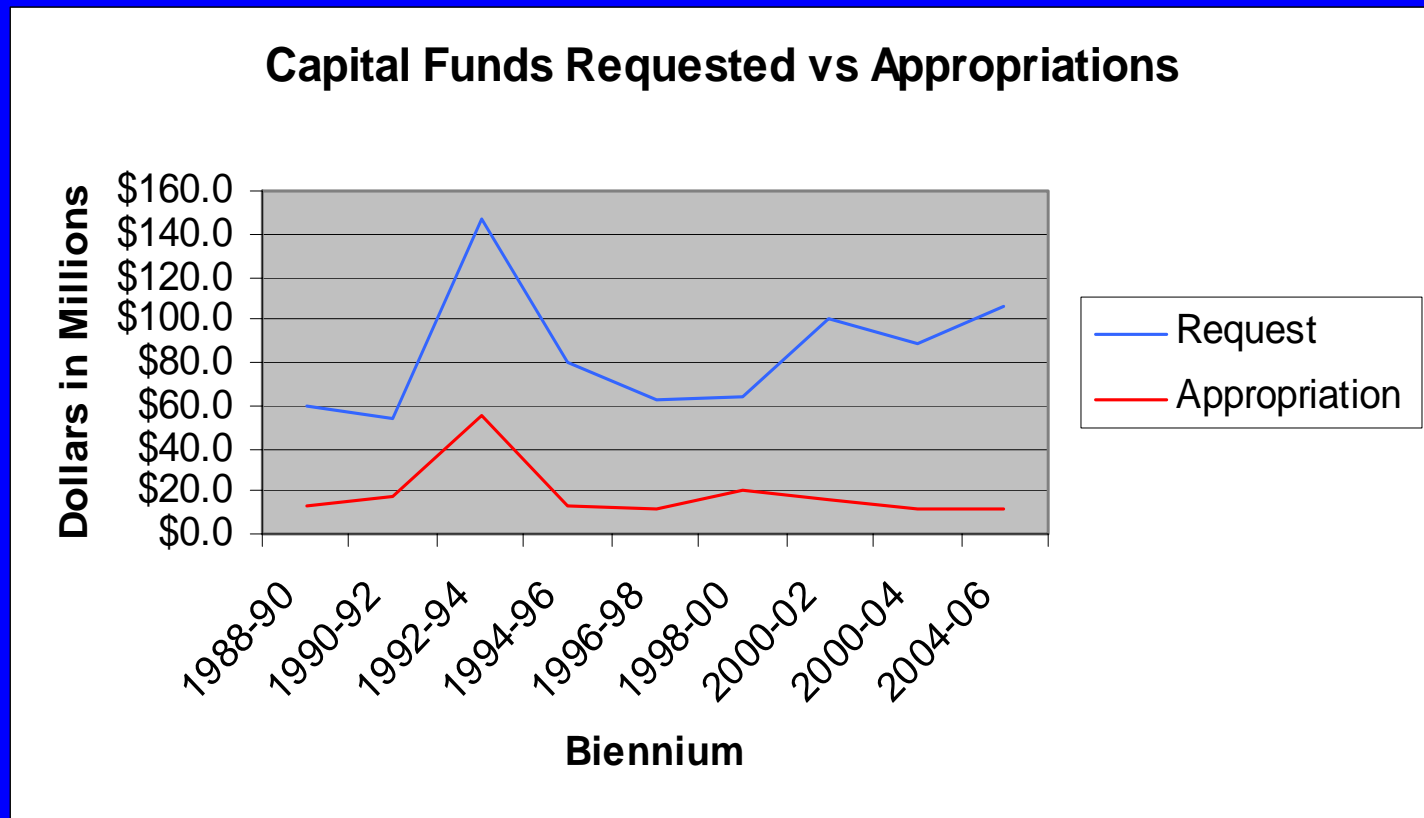
- Over the past 20 years DMHMRSAS has received a total of \$2.55 per occupied square foot per biennium for ***all capital requirements***, including maintenance, building improvements, code repairs, etc.
 - The Association of Physical Plant Administrators (APPA) recommends a minimum expenditure of \$5.25 to \$10.50 per square foot per biennium for **maintenance alone**

Facility Maintenance and Improvements

- Acknowledging variances for age and type of facility, a conservative recommended range for annual capital renewal funding (major repair/replacement) is 1.5% to 3% of the total replacement value of the plant*
- For DMHMRSAS facilities, this is a funding level of \$30.0 Million to \$59.8 Million per biennium (considering only buildings currently in use)
- Over the past 20 years, DMHMRSAS has received a total of \$83.8 Million for maintenance and infrastructure repairs compared to funding levels of \$300.4M to \$599.8M as recommended

*Per standards published by Association of Physical Plant Administrators (APPA)
2/18/2005

Appropriation and Request by Biennia



Typical Deferred Maintenance Issues:



Failing Roofs



Outdated Mechanical
Equipment

Typical Deferred Maintenance Issues:



Mold from failing/inadequate mechanical systems



Steam system failures

Buildings Inappropriate for Current Needs/Services

- Do not meet needs of more severely disabled population currently served in facilities
- Are inefficient in terms of required staffing and supervision

Buildings are inappropriate for client needs



- Change in profile of consumers with Mental Retardation
 - More severely mentally disabled
 - More medically compromised and acute
 - Multiple physical handicaps

Inappropriate Buildings, continued . . .



Change in Treatment of Mental Health Clients

- Active, individualized treatment vs past custodial model care

Inappropriate Buildings, continued . . .



- New buildings implement evidence-based design in response to treatment and needs of population
 - Consumers respond better in single occupancy rooms
 - Designs for geriatric programs must consider depth perception and mobility issues

Buildings Do Not Meet Current Building Codes and Risk for De-Certification

- Buildings constructed before 1948 preceded codes
 - Some of these buildings are still in use
- Many DMHMRSAS buildings were constructed under the Virginia Fire Safety Regulations
 - In effect 1948 to 1972
 - Depended heavily on “best practices” of industry
 - Majority of our buildings
- Some buildings were constructed after adoption of the Virginia Uniform Statewide building code in 1972

Buildings do not meet current codes, cont'd.

- No DMHMRSAS buildings have been constructed after the adoption of the VSUBC 2003 (International Building Code (IBC) 2000) by the Commonwealth
- Some residential buildings do not have fire sprinklers
- Some fire detection and alarm systems are old and inadequate

Risk of De-Certification

Eastern State Hospital - Hancock Geriatric Center



- CMS Plan of Correction requires correction of pony walls.
- Current operating capacity of 210 beds
- Proposed new center to provide for 152 beds

Virginia Center for Behavioral Rehabilitation

(Temporary VCBR with 36 Beds)



- Construct permanent facility for the rehabilitation of sexually violent predators
- Construct in 2 phases: 1st phase – 150 beds; 2nd phase – 100 beds
- Current census of 11, with continued growth of 1 to 2 clients per month

DMHMRSAS Capital Improvement Requirements

- Critical life, health and safety requirements
- Major renovations and improvements
- Facility replacement

Critical Life, Health and Safety Requirements

• Repair/Replace Leaking Roofs	\$14.8 M
• Repair/Replace Infrastructure	\$ 8.7 M
• Life Safety Code Requirements	\$ 6.9 M
• Boilers, Steamlines, HVAC	\$ 9.5 M
• Repair/Replace Food Service Equipment	\$14.0 M
• Abate Environmental Hazards	
– Primarily mold, some asbestos	<u>\$ 5.0 M</u>
Total Improvements Required	\$58.9 M
(Deferred Maintenance Needed to Maintain Facility Operations)	

Major Renovations and Improvements

- Total Required - \$208,805,500
- Includes major systems and building replacements at 8 facilities

Facility Replacement

(Phased over 3 biennia)

- Southeastern Virginia Training Center
 - \$36,058,000
- Central Virginia Training Center
 - \$137,795,000
- Eastern State Hospital – Adult MH
 - \$49,967,000
- Western State Hospital
 - \$78,490,000
- Southside Campus (including Central State Hospital and Southside TC)
 - \$94,934,000
- Virginia Center for Behavioral Rehabilitation
 - \$31,800,000

Next Steps

- Regional Partnership Planning will continue with the goal of identifying the needs for facility beds and related community services in specific regions
- A statewide taskforce will be provide recommendations based on the work of the regional partnerships
- DMHMRSAS will refine capital funding plans based on the regional and statewide planning for initial capital submissions for FY 2006 –2008
- Capital budget submissions will be phased in over 3 biennia